

1/20/82
DRAFT

CLOSURE PLAN CHECKLIST

(for all HWMF, except 90-day storage exemptions)

I. GENERAL FACILITY INFORMATION

EPA ID # MOD0007152903

Address 4811 W. Kearney Springfield, Mo.

Owner _____
(name & phone number)

Operator _____
(name & phone number)

TYPE (circle all that apply) S (C/T/D/P) I LF LT SI CPBT TT UI

Size of facility (acres and/or volumes) 2.4 x 10⁶ gallons

II. WRITTEN PLAN

- | | | |
|--|-----|----|
| 1. Is there a written closure plan kept at the facility? | YES | NO |
| 2. Does the closure plan cover all areas and facilities that were active as of 11/19/80? | YES | NO |
| a. Are maps or other documentation attached or included? | YES | NO |
| 3. Does the closure plan include general information about the facility which would be helpful in reviewing the plan, including: | | |
| a. facility size(s) and type(s) | YES | NO |
| b. descriptions of on-site equipment and facilities | YES | NO |
| c. topography | YES | NO |
| d. waste characterization | YES | NO |
| e. soil type | YES | NO |
| f. description of surrounding land use | YES | NO |
| g. surrounding population | YES | NO |
| h. size of facility (acres) | YES | NO |



R00337274
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3. Does the closure plan include (cont'd):

i. volume of impoundment	YES	NO	N/A
j. type(s) of treatment/processing	YES	NO	N/A
k. copy of NPDES permit	YES	NO	N/A
l. description of liner	YES	NO	N/A
m. leachate collection system	YES	NO	N/A
n. Gas collection system	YES	NO	N/A
o. Dredging procedures/schedules, etc.	YES	NO	N/A
q. Incinerator specifications	YES	NO	N/A
r. Other (specify _____)	YES	NO	

III. MAXIMUM EXTENT OF OPERATION

1. Does the plan identify the maximum extent of operation which will be unclosed during the life of the facility?	YES	NO	
2. Does the maximum extent of operation estimate include:			
a. the maximum area of landfill or land treatment ever containing wastes?	YES	NO	N/A
b. inactive areas open because of operating problems or contingencies:	YES	NO	N/A
c. maximum area of land ever used for land spreading?	YES	NO	N/A
d. the most extensive treatment required for landspreading?	YES	NO	N/A

IV. PARTIAL CLOSURE

(IF NO PARTIAL CLOSURES TAKE PLACE AT THE FACILITY, SKIP TO SECTION V)

1. Does the plan identify the steps for partial closure, at any time during the intended operating life, of			
a. disposal surface impoundments?	YES	NO	N/A
b. landfills?	YES	NO	N/A
c. other (specify: _____)	YES	NO	
2. Will the amount and time of partial closures be sufficient to keep the maximum area exposed less than the maximum extent of operation stated in the closure plan?	YES	NO	N/A

3. Does the partial closure plan identify

- | | | |
|--|-----|----|
| a. the size of areas partially closed? | YES | NO |
| b. procedures for partial closure? | YES | NO |
| c. maintenance program? | YES | NO |
| d. frequency of partial closures? | YES | NO |
| e. source of cover materials? | YES | NO |

4. Does the plan for partial closure demonstrate the adequacy of the cap, etc. to meet the closure requirements?

YES	NO
-----	----

OR

Are these areas or activities otherwise included in the extent of operations of the closure plan?

YES	NO
-----	----

5. Does the plan describe maintenance activities for partially closed areas, including:

- | | | | |
|--------------------------------------|-----|----|-----|
| a. visual inspections | YES | NO | N/A |
| b. ground-water monitoring? | YES | NO | N/A |
| c. maintaining cover? | YES | NO | |
| d. maintaining diversion structures? | YES | NO | |
| e. controlling erosion? | YES | NO | |
| f. maintaining vegetation? | YES | NO | |
| g. security requirements? | YES | NO | |

6. Is there a schedule for partial closures?

YES	NO
-----	----

7. Does the schedule for partial closure include:

- | | | | |
|--|-----|----|-----|
| a. date(s) of partial closure(s)? | YES | NO | |
| b. total time required for each partial closure? | YES | NO | |
| c. time required for key steps-- | | | |
| i. waste removal? | YES | NO | N/A |
| ii. waste stabilization? | YES | NO | N/A |
| iii. waste treatment? | YES | NO | N/A |
| iv. waste disposal? | YES | NO | N/A |
| v. placement of cover? | YES | NO | N/A |
| vi. vegetation? | YES | NO | N/A |
| vii. other (specify _____) | YES | NO | |

V. MAXIMUM INVENTORY

- | | | | |
|--|-----|----|-----|
| 1. Is there an estimate of the maximum inventory of wastes in storage and treatment at any time during the life of the facility? | YES | NO | |
| 2. Does the maximum inventory estimate include the maximum amount of wastes | | | |
| a. requiring pre-treatment? | YES | NO | N/A |
| b. requiring treatment? | YES | NO | N/A |
| c. requiring disposal? | YES | NO | N/A |
| 3. Does the maximum inventory estimate include the maximum amount of: | | | |
| a. wastes in surface impoundments? | YES | NO | N/A |
| b. wastes in partially-closed non-disposal surface impoundments? | YES | NO | N/A |
| c. wastes in tanks? | YES | NO | N/A |
| d. wastes in piles? | YES | NO | N/A |
| e. wastes in drainage pits? | YES | NO | N/A |
| f. wastes in containers? | YES | NO | N/A |
| g. standing liquids? | YES | NO | N/A |
| h. sludge? | YES | NO | N/A |
| i. contaminated soil from land treatment fields? | YES | NO | N/A |
| j. contaminated soil and liners from nondisposal impoundments? | YES | NO | N/A |
| k. contaminated soil from around tanks, containers, piles? | YES | NO | N/A |
| l. process residues? | YES | NO | N/A |
| m. decontamination residues? | YES | NO | N/A |
| 4. Does the plan discuss the type(s) of testing and criteria to be used to determine: | | | |
| a. whether soil is contaminated? | YES | NO | N/A |
| b. whether decontamination residues are hazardous? | YES | NO | N/A |
| c. whether process residues are hazardous? | YES | NO | N/A |
| 5. Are incompatible wastes identified? | YES | NO | N/A |

VI. FINAL CLOSURE

- | | | | |
|---|-------|----|-----|
| 1. Does the plan identify the year when final closure is expected to occur? | YES | NO | |
| o What is the expected year of closure? | <hr/> | | |
| 2. Is there a schedule for final closure activities? | YES | NO | |
| 3. Does the final closure schedule include | | | |
| a. the total time required to perform final closure activities? | YES | NO | |
| b. the time for intervening closure activities? | YES | NO | |
| 4. Does the schedule for final closure include: | | | |
| a. date closure is expected to begin? | YES | NO | N/A |
| b. total time required to close? | YES | NO | |
| c. time required for key steps: | | | |
| i. waste inventory treatment? | YES | NO | N/A |
| ii. waste inventory disposal? | YES | NO | N/A |
| iii. removal of waste inventory and residues? | YES | NO | N/A |
| iv. decontamination of facility equipment and structures? | YES | NO | N/A |
| v. placement of final cover? | YES | NO | N/A |
| vi. planting vegetation? | YES | NO | N/A |
| vii. closure certification? | YES | NO | |
| viii. other (specify) | | | |
| <hr/> | YES | NO | |
| <hr/> | YES | NO | |
| 5. Does the schedule for final closure: | | | |
| a. encompass more than 90 days for treatment, removal, or disposal of hazardous wastes after receipt of final volume of wastes? | YES | NO | |
| b. encompass more than 180 days for completion of closure plan activities after receipt of final volume of wastes? | YES | NO | |

6. Does the plan clearly identify the steps to close

- | | | |
|---|-----|----|
| a. at any point during the intended operating life? | YES | NO |
| b. at the end of the intended operating life? | YES | NO |

7. Do the steps to close in the plan include:

- | | | | |
|---|-----|----|-----|
| a. removal of wastes? | YES | NO | N/A |
| b. treatment of wastes? | YES | NO | N/A |
| c. waste disposal? | YES | NO | N/A |
| d. waste containment? | YES | NO | N/A |
| e. decontamination of equipment and structures? | YES | NO | N/A |
| f. groundwater monitoring? | YES | NO | N/A |
| g. closure certification? | YES | NO | |
| h. maintenance of leachate program? | YES | NO | N/A |
| i. maintenance of gas collection program? | YES | NO | N/A |
| j. security requirements? | YES | NO | N/A |

9. With respect to the removal, treatment, or disposal of waste, does the plan identify:

- | | | | |
|--|-----|----|-----|
| a. the source and type of materials and equipment needed? | YES | NO | |
| b. the source and amount of labor required? | YES | NO | 9. |
| c. the capacity, number, and location of trenches or cells needed? | YES | NO | N/A |
| d. the area required for landspreading? | YES | NO | N/A |

10. Does the plan describe the containment of waste, including:

- | | | | |
|---------------------------------------|-----|----|-----|
| a. placement of final cover | | | |
| i. characteristics of cover? | YES | NO | N/A |
| ii. design of cover? | YES | NO | N/A |
| iii. final surface contours? | YES | NO | N/A |
| iv. procedures? | YES | NO | N/A |
| b. drainage and diversion structures? | YES | NO | N/A |
| c. vegetation program: | | | |
| i. characteristics of vegetation? | YES | NO | N/A |
| ii. soil preparation? | YES | NO | N/A |
| d. erosion control: | | | |
| i. type of materials? | YES | NO | N/A |
| ii. amount of materials? | YES | NO | N/A |

11. Does the plan describe the decontamination or disposal of facility equipment and structures, including:
- | | | | |
|---|-----|----|-----|
| a. a list of equipment, containers, and structures requiring disposal or decontamination? | YES | NO | N/A |
| b. decontamination procedures? | YES | NO | N/A |
| c. treatment of disposal or residues? | YES | NO | N/A |
| d. method of residue treatment or disposal? | YES | NO | N/A |
| e. testing program? | YES | NO | N/A |
12. With respect to monitoring, does the closure plan describe:
- | | | | |
|--|-----|----|-----|
| a. details of the groundwater monitoring program during closure? | YES | NO | N/A |
| b. soil and/or soil-pore monitoring? | YES | NO | N/A |
| c. maintenance of monitoring equipment during closure? | YES | NO | N/A |
| d. other (specify) _____ | YES | NO | |
| _____ | YES | NO | |
13. With respect to certification of closure, does the closure plan:
- | | | | |
|---|-----|----|--|
| a. describe the scheduled or estimated number of inspections? | YES | NO | |
| b. identify the registered, professional engineer? | YES | NO | |
14. If a system for collecting leachate is present, does the closure plan:
- | | | | |
|--|-----|----|-----|
| a. describe leachate removal, treatment, and disposal during closure? | YES | NO | N/A |
| b. identify the approximate volume of leachate collected? | YES | NO | N/A |
| c. provide for maintenance of the leachate collection system during closure? | YES | NO | N/A |
15. If a gas collection system is required during operation, does the closure plan:
- | | | | |
|---|-----|----|-----|
| a. describe procedures for collecting gas during closure? | YES | NO | N/A |
| b. describe monitoring samples and analysis during closure? | YES | NO | N/A |
| c. maintenance of gas collection system during closure? | YES | NO | N/A |

16. If security (i.e., fencing) is required, does the closure plan

- | | | | |
|---|-----|----|-----|
| a. describe the maintenance of security equipment used during the closure period? | YES | NO | N/A |
| b. describe the installation of appropriate equipment at closure? | YES | NO | N/A |
| c. state the dimensions of the fence and the area to be enclosed? | YES | NO | N/A |